



September 2013

# THE COURIER

Naval Medical Center Portsmouth, Portsmouth, Va.



Former CMC's Son Re-Enlists at NMCP — Page 7

## Navy Surgeon General Visits NMCP, Congratulates New CPOs

BY REBECCA A. PERRON  
NMCP Public Affairs

Vice Adm. Matthew Nathan, Navy Surgeon General, spent two days at Naval Medical Center Portsmouth Sept. 12 – 13, capping the visit by serving as the keynote speaker for the Chief Petty Officer Pinning Ceremony.



Photo by MC2 (SW) Anna Arndt

**Vice Adm. Matthew Nathan, Navy Surgeon General, and Rear Adm. Elaine Wagner, NMCP commander, with the newly frocked chief petty officers on Sept. 13. Nathan was the keynote speaker during the CPO pinning ceremony, capping his two-day visit.**

Nathan kicked off the visit by meeting with the Command Executive Board and then held two all hands calls, one with E-6 and below and the second with officers (with civilian employees invited to attend).

In between, Nathan served lunch to staff and patients in the galley. He ended the day by meeting with leaders from the hospitals at Joint Base Langley-Eustis to discuss the enhanced Multi-Service Market that stands up Oct. 1.

Day two began with tours of the clinics, the emergency room and operating rooms. Staff proudly presented their “Wildly Important Goals” scoreboards which depict staff goals for the clinic or department to reduce health care costs while improving health care outcomes. Nathan was impressed with their boards and complemented them on their hard work.

During the all hands calls, Nathan touched on his goals for readiness, jointness and value; he talked about the national budget impasse and how Navy Medicine is making strides to operate more efficiently. Nathan also stressed NMCP's importance to Navy Medicine and the staff's ability to provide care on the battlefield and around the world.

“We build our Navy for war, and what's so cool about the Navy and Navy Medicine is we have a full portfolio,” Nathan said. “Name a spot in the world, high or low, and we're there. And as a result, we're busy. And so here you are on deck, military and civilian alike.

— See NAVY SG, Page 5

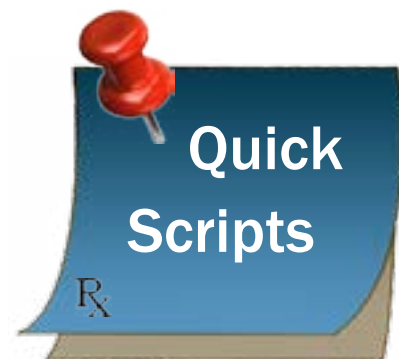


Photo by MC2 (SW) Anna Arndt

## Hall of Fame Powerlifter Opens NMCP's GNC

The first GNC store within a naval hospital opened at Naval Medical Center Portsmouth Sept. 4. During the grand opening celebration, Brad Gillingham, IPF Hall of Fame Powerlifter, met customers and signed autographs. The ribbon was cut by Cmdr. Kevin Brown, acting NMCP deputy commander; Cmdr. Danielle Wooten, assistant director for Administration; Ashley Moseley, the store manager; and other GNC and NEX staff.

Customers received free samples of vitamins and protein bars. There was also a raffle for logo bags and other items.



## Combined Federal Campaign

The annual Combined Federal Campaign runs through Dec. 15. Donations can be made online at [www.cfcshr.org](http://www.cfcshr.org) or through departmental CFC representatives. Online donations must be printed, signed and turned in to departmental representatives.

Command POCs are Lt. Jason Leidel, 953-8929, HMC Monica Ford, 953-4882, and FCC Steven Daggett, 953-9965.

## Flu Vaccination Schedules

**NMCP Immunizations Clinic:** Monday – Friday: 8 a.m. – 3:30 p.m., Evening clinic: Oct. 31, 4 p.m. – 7 p.m.; Saturday clinic: Nov 16, 10 a.m. – 2 p.m.

**Oceana BHC:** Mondays, Tuesdays, Thursdays, Fridays: 8 a.m. – 2 p.m.; Wednesdays: 9 a.m. – 2 p.m. In October, extended hours on Tuesdays and Thursdays until 4:30 p.m. Saturday Clinic: Oct. 26, 10 a.m. – 2 p.m.; Nov. 16, 10 a.m. – 2 p.m.

## NMCP Ombudsman Team Pre-Deployment Brief

The NMCP Ombudsman Team is here to help those attached to NMCP or its branch health clinics when you or a family member are preparing to deploy!

The monthly pre-deployment brief is held the 3rd Tuesday of each month at 9:30 a.m. in the chapel.

Email us to join our Ombudsman email tree and learn the latest news.

NMCPombudsman@med.navy.mil  
or  
(757) 953-1973

**Boone BHC:** Mondays, Tuesdays, Thursdays, Fridays: 8 a.m. – 2 p.m., Wednesdays: 8:30 a.m. – 2:30 p.m. Saturday Clinic: Nov. 2, 8 a.m. – noon at the Rockwell Hall Gym.

**Dam Neck BHC:** Mondays – Thursdays: 7:30 – 11:30 a.m. and 1 – 2:30 p.m.; Fridays: 7:30 – 11 a.m.

**NAVSTA Norfolk BHC:** Mondays – Thursdays: 8 – 11 a.m. and 1 – 2:30 p.m.; Fridays: 8 – 11 a.m.

**NNSY BHC:** Mon – Fri 0730 - 1500.  
**Yorktown BHC:** Mon - Thursdays: 7:30 – 11:30 a.m. 1 – 2:30 p.m. Fri : 7:30 – 11 a.m.

For those enrolled at: **Chesapeake TPC** by appointment, **Virginia Beach TPC** by appointment, **Northwest BHC** 8 a.m. – 2 p.m.

## VA Benefits Brief

The Mentorship Committee is hosting a VA benefits brief in the auditorium on

Oct. 29 from noon – 1:30 p.m.

The presentation offers information about accessing VA health care, the Affordable Care Act and the VA, returning warrior programs, online services, Veteran's crisis line, service related environmental exposure and more.

## Halloween Costume Contest

The MWR Committee is having a contest Oct. 31 from 11 a.m. – 1 p.m. Costumes must be appropriate and in good taste. Costumes must be viewed prior to the contest on Oct. 28. Two winners will be selected – Staff Pick and Command Suite Pick. To participate, contact HM2 Copeland by Oct. 25.

## Oakleaf Club Open to New Members

The Oakleaf Club of Tidewater is open to medical, dental, nurse, and Medical Service Corps — active and retired — officers and their spouses in Hampton Roads. The club is a charitable organization servicing those who benefit the Hampton Roads naval medical community. We are always happy to welcome new members.

For membership information, email [tidewater.oakleaf@gmail.com](mailto:tidewater.oakleaf@gmail.com)

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THE  
COURIER

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The Courier is an authorized publication of Naval Medical Center Portsmouth, 620 John Paul Jones Circle, Portsmouth, VA 23708, and is published monthly by the Public Affairs Office.

The Courier provides an avenue to circulate all newsworthy information the NMC Portsmouth staff has to offer.

Those who wish to submit an article or news information for publishing should contact the Public Affairs Office by calling 953-7986, by fax at 953-5118, or by emailing the PAO, Deborah Kallgren, at [deborah.kallgren@med.navy.mil](mailto:deborah.kallgren@med.navy.mil).

Submissions should be in Word format, with photos submitted separately from the document and in jpeg, bitmap or tiff format.

The Public Affairs Office is located in Bldg. 1, 3rd Deck, Rm. C308.

# New PET/CT Scanner Means More Accurate, Faster Diagnoses for Cancer Patients

BY REBECCA A. PERRON  
NMCP Public Affairs

Naval Medical Center Portsmouth's new positron emission tomography computerized tomography scanner saw its 50th patient Aug. 29, about a month after its installation and just days after the last of the Nuclear Medicine staff completed training on the new equipment.

A PET scan is an imaging test that uses a radioactive substance called a tracer to look for disease in the body. The scanner is similar to a sophisticated camera that plots "hotspots" from the sugar-like tracer to form a 3-D image.

A CT scan uses X-rays to make detailed pictures of structures inside the body. When combined, the two images together show the exact location of the abnormalities in the body. This technology is most commonly used for cancer patients.

The previous equipment was nearing the end of its lifecycle, at risk for requiring more maintenance and becoming unreliable. According to clinic staff, the difference between the decade-old equipment and the new equipment is astonishing.

"The technology really does develop, just like a computer. Think of a computer 10 years ago compared to a computer today – they're a lot faster, the graphics are better and also their ability to push data through is so much better," said Lt. James Speitel, Nuclear Medicine Department division officer. "Well that's what we have here. We have a development of 10 years of technology

that is now showing up at our doorstep to actively be used on our patients. So we get better patient throughput, better images and also we have the potential to use some different dose techniques to be able to reduce the patient doses."

With the new equipment in place, the department also has the capacity to increase their patient load. With the older equipment, staff typically scanned four to five patients per day, maxing out at eight a day. Now, with the greater speed of the equipment, about 20 patients could potentially be seen each day. There are also benefits to the patients.

"It has a much larger field of view, so we can image larger patients than the old machine could," said Dr. David Turton, Nuclear Medicine Department medical director. "It has a much higher quality and faster CT unit, which allows us to scan people much quicker, with lower radiation and better resolution. So faster, larger and better pictures – that's the CT scanner alone, not even the PET portion of it."

"The PET portion also has dramatically improved," Turton continued. "The new machine has something called 'time of flight' and, what is special about it, is that it uses the speed of light to make the scanning better. This is pretty impressive in itself."

With the time of flight, when a patient is scanned, the speed of light says it is going to strike one side of the camera sooner than the other side, according to Turton. So by knowing how fast the speed of light is, the equipment can determine within a fraction of a second the location of the abnormality. The reconstruction of the picture is therefore a much higher quality image, and doctors are able to locate smaller and smaller objects such as tumors with much greater accuracy.

"We're going to be able to lock in on any abnormalities that are inside the patient that we can find using this equipment," Speitel said. "We're going to have a better chance of being able to find it and to give the doctors the confidence that if they didn't find anything, then it's not there."

In addition to being used by Nuclear Medicine staff to initially detect and diagnose cancer, and show the progress of treatment along the way, the Radiation Oncology staff uses the equipment to verify the location of the cancer for radiation treatment. The equipment can also be used for the linear accelerator, which pinpoints where cancer cells end and healthy cells begin. This allows radiation oncologists to better see and target tumors, which have resulted in better treatment outcomes, more organ preservation and fewer side effects.

**"We're going to be able to lock in on any abnormalities that are inside the patient that we can find using this equipment. We're going to have a better chance of being able to find it and to give the doctors the confidence that if they didn't find anything, then it's not there."**

— Lt. James Speitel, Nuclear Medicine Department



Photo by MC2 (SW) Kristin Rojas

**Deanna Eichenlaud, a patient at NMCP, undergoes a positron emission tomography scan in the Nuclear Medicine Clinic. The PET/CT scanner is primarily used for cancer evaluations.**



# Congratulations to NMCP's 14 New Chiefs



Photos by MC2 (SW) Anna Arndt

The soon-to-be chief petty officers anticipate their names being called to come to the front of the stage to be pinned and receive their covers.

## Welcome to the Mess

LSC (SW/AW) Todd Bryant  
HMC (SW/AW) Marvin Celestino  
MAC (SW/EXW/AW) Juan Chavez  
ETC (SW/AW/EXW) Joshua Dempsey  
HMC (SW/AW/FMF) Mark Gornitzka  
HMC (SW) Sharon Halliday  
YNC (AW) Anthony Johnson  
HMC (SW/AW/FMF) Brahlin Jones  
LSC (SW/AW) Brandy Jones  
HMC (SW/AW) Miguel Medina  
QMC (SW) Jenita Myers  
HMC (FMF/SW/AW) William Strickland  
HMC (SW/AW) Sajata Taylor  
HMC(SW/AW) Rex Valencia



The 14 new chief petty officers are applauded at the end of the pinning ceremony.



HMC (sel) (SW/AW) Marvin Celestino presents this year's chief selectee guidon flag to Vice Adm. Matthew Nathan, Navy Surgeon General, as a thank you gift for being the keynote speaker at the pinning ceremony.



The newly pinned chief petty officers gather around the "Welcome to the Mess" cake during the reception.



New covers sit atop the chief's vassals during the pinning ceremony for the 14 chief petty officers.



Photo by Rebecca A. Perron

HN Sheena Phelps, directorate for Surgical Services, takes a selfie with Vice Adm. Matthew Nathan, left, and FORCM (SS/SW/FMF) Sherman Boss while they prepare to serve lunch in the galley.

## NAVY SG — Continued from page 1

"You work in this amazing health care system, while you're feeling the hot breath of efficiencies, doing more work, capturing care from the network, trying to figure out best practices. And you work hard," Nathan said. "And we have challenges on us that our civilian counterparts don't have."

Nathan described a scenario where three-fourths of a civilian hospital staff was told to pack their bags to deploy the next day for an unknown amount of time, and then compared the results to NMCP staff.

"For them, it would be mass pandemonium. But you'd look at each other and say, 'Well, that sucks,' and then you'd get it done," Nathan said. "This isn't hypothesis, this is reality. This was Haiti. They called us to put the fire out. But you exist so we have a repository of personnel who are committed to deployment plans. Never has that come alive more than in operations Enduring Freedom and Iraqi Freedom."

Nathan brought the same theme of importance and legacy to his keynote remarks during the CPO pinning ceremony.

"The chief petty officer was cast with the care, development,



Photo by Rebecca A. Perron

Vice Adm. Matthew Nathan addresses NMCP staff during an officer and civilian all hands call on Sept. 12.



Photo by MC2 (SW) Anna Arndt

From left, FORCM (SS/SW/FMF) Sherman Boss, Vice Adm. Matthew Nathan, Rear Adm. Elaine Wagner, NMCP commander, and CMDCM (SW/AW/FMF) Michael James observe morning colors.

leadership and guidance of these young Sailors and junior officers," Nathan said. "So these chiefs became the anchor of the professionalism, the mission effectiveness of our most dangerous operating platforms in the world – a ship at sea. In the fog of war, the chaos of uncertainty, people tend to look for and find the chief who will lead you out, or lead you in, but lead you nonetheless. This is the legacy that you inherit from so many who have come before you."

"When I pass a captain, I'm pretty sure they are doing their job," he continued. "When I pass a petty officer, I am happy to see them wearing that crow and I believe they are doing a good job. When I pass a chief, I know – there's no 'hope' – I know they are doing a good job, doing amazing things, leading our Navy and making a difference at the deckplate."

After the ceremony, Nathan met with the 14 new chief petty officers on the steps of historic Bldg. 1 for a group photo and to congratulate each new chief personally.



Photos by MC2 (SW) Anna Arndt

Vice Adm. Matthew Nathan listens as Tracy DiGennaro explains the Internal Medicine Clinic scoreboard during his visit Sept. 13. Scoreboards throughout NMCP show how a clinic or department will improve health care while reducing costs, and motivate staff to achieve their weekly goal.



# NMCP Celebrates Dental Corps' 101st Birthday

STORY AND PHOTOS  
BY MC2 (SW) ANNA ARNDT  
NMCP Public Affairs

Naval Medical Center Portsmouth celebrated the 101st birthday of the Dental Corps with a cake cutting Aug. 22.

The ceremony began with Lt. Cmdr. Paul Kocian reading the history of the Dental Corps, followed by the reading of birthday messages from Navy Medicine leadership. Cmdr. Cynthia Kuehner, acting deputy commander, read the Surgeon General's birthday letter; Capt. Mary Beth Neill read the Chief of the Dental Corps' birthday letter; Capt. Mary K. Nunley read the Chief of the Medical Service Corps' letter; Cmdr. Matthew McLean read the Chief of the Medical Corps' letter; and HMCM (FMF/SW/AW) Woodie Wunstell read the Hospital Corps' letter.

"You serve as leaders in disease prevention at sea and at home, ensuring the operational dental readiness of our warfighters," wrote the Surgeon General, Vice Adm. Matthew Nathan, in his birthday letter to the Dental Corps. "You are pioneers and innovators enhancing our research capabilities and education efforts along with spearheading vital public and dental health for Sailors, Marines, their families, and our veterans."

Following the ceremony, NMCP's most senior Dental

Corps officer, Capt. Michael Ashe, and the most junior Dental Corps officer, Lt. Tyler Way, cut the cake.

On Aug. 22, 1912, the second session of the 62nd Congress enacted legislation authorizing a corps of dental surgeons in the U.S. Navy. After serving a probationary period of three years, these dentists could undergo physical and professional examinations as prescribed by the Secretary of the Navy, to determine their suitability to receive commissions.



**Capt. Mary Beth Neill reads the birthday letter from the Chief of the U.S. Navy Dental Corps, Rear Adm. Elaine Wagner, who is also the commander of NMCP.**

## Commander's Lunch Concludes Women in Medicine Celebration

Nearly a dozen staff met with Rear Center Portsmouth commander, over Adm. Elaine C. Wagner, Naval Medical lunch Sept. 25, part of the celebration of



Photo by Rebecca A. Perron

Women in Medicine during September.

During the meeting, they discussed the accomplishments of Women in Medicine, past and present, as well as their personal challenges and successes.

"It was gratifying to talk with them," Wagner said. "I want to send my personal thanks for your dedication and the quality of care (all of our women in medicine) provide day in and day out, for our patients. You truly make a difference and have exemplified Navy Medicine's motto of providing 'World-Class Care... Anytime, Anywhere.'"

NMCP had joined in the American Medical Association celebration by highlighting several of the medical center's outstanding Women in Medicine on the Commander's Blog.



**IT2 (SW) Nathan Carroll with his parents, wife and son in front of the display case that holds his father's boots. Retired CMDCM David Carroll had offered his boots more than 10 years ago for the display that remembers and documents Navy Medicine personnel were on the ground alongside operational forces in Afghanistan and Iraq.**

## USS Porter Sailor Looks to Future while Honoring Father's Legacy

STORY AND PHOTOS  
BY REBECCA A. PERRON  
NMCP Public Affairs

Information Systems Technician 2nd Class (SW) Nathan Carroll didn't want to re-enlist just anywhere. He wanted a location that had meaning for his family as well. That turned out to be at Naval Medical Center Portsmouth in front of a display case that holds the boots of his father, a former NMCP command master chief.

Carroll raised his right hand and re-enlisted Sept. 27, in front of that display case, and in front of his parents, wife and son, and a dozen crew members of USS Porter, where he is assigned.

His father, retired Command Master Chief David Carroll, was the command master chief at NMCP from 2001 to 2004. He, along with two other staff members, had offered up his boots as a reminder that Navy Medicine's doctors, nurses and corpsmen were right beside operational forces on the ground in Afghanistan and Iraq. Those boots endured four tours with the Marines over 14 years.

"My dad was CMC of this hospital, and he put his boots on display," Carroll said. "I

thought it was a really cool idea to re-enlist where he used to work as CMC and in front of his boots. It's different and unique."

"I'm happy with his decision to re-enlist here at the hospital," the elder Carroll. "Obviously, being in the Navy is a great thing. He's not a hospital corpsman, but we need every rating in the Navy, and (information technology is) something he likes."

Growing up a Navy brat, the younger Carroll did not expect to join the service.

"I originally wanted to be a lawyer, so I participated in the Red Cross Volunteer program at the hospital during the summer of 2003 when my father was CMC," Carroll said. "I volunteered in the Legal Office, and I enjoyed it. It was a good time, especially being here with my dad. I always looked up to him. I always remember him as a 'khaki' – my earliest memory, he was already a chief. My fondest memory of this hospital was being here with him during that summer."

But when the job market was tough, joining the military became the obvious choice.

**IT2 (SW) Nathan Carroll, USS Porter, recites the oath of re-enlistment during a ceremony at NMCP in front of a display case holding his father's boots.**





**Lt. Cmdr. Ian Fowler, a pain medicine physician at NMC San Diego, points out a structure in the shoulder of an actor portraying a chronic pain patient during the Ultrasound Guided Chronic Pain Skills Course.**

**The technique is used to identify the source of pain and to assist with performing an anesthetising block as an option for treatment.**



## Health Care Practitioners Learn Advanced Pain Care Skills

STORY AND PHOTOS BY REBECCA A. PERRON  
NMCP Public Affairs

More than 260 military and Veterans Affairs health care practitioners from all over the country, Europe and Asia gathered at Naval Medical Center Portsmouth Sept. 18 – 20 for the third annual Pain Skills Training, which certified practitioners in advanced pain medicine techniques so they can offer their patients more options in their treatment.

The training was sponsored by Joint Task Force National Capital Region Medical Command's Wounded Warrior Pain Care Initiative and coordinated and hosted by NMCP. The joint training was open to practitioners from all armed services with a role in treating chronic pain, including doctors, nurses, corpsmen and medics, and allied health and medical technicians.

In the past, chronic pain has typically been treated with a prescription. The goal now is to move beyond that and treat the cause of the pain rather than the symptoms. The lessons will help providers treat chronic pain and standardize pain care in the Military Health System. Chronic pain can be debilitating and have a negative impact on mission readiness, and by practitioners better able to treat the source of their patients' pain, service members can return to full duty sooner, thus advancing mission readiness.

"These skills that folks are learning in here this week will increase their ability to diagnose and treat difficult conditions," said Cmdr. Anthony Tucker, Pain Medicine Fellowship director and staff pain medicine physician at NMCP. "This really highlights the need to expand our skill set when we deal with chronic pain patients. So definitely more holistic in this course, but also, in the entire spectrum of what we are doing here this week is more holistic."

"If you have a 15- or 20-minute patient appointment, and

your only tool is to offer them medication, and say it makes them sleepy, they are not going to be successful on their mission," said Cmdr. James, Houston, director of the Wounded Warrior Pain Care Initiative and the Capital Region Initiative. "If we can treat their pain with different modalities that allow them to avoid medications, yet still have their pain improved, we can increase mission readiness."

According to Houston, chronic pain can be difficult to treat. "We have to rely on the patient report a lot more than we would for other conditions," Houston said. "So getting a diagnosis can be somewhat difficult. We use history, physical exam, radiology. Once we have a diagnosis, treatments can be medication-based, or sometimes opioids-based, which have side effects. We are trying to reduce those side effects by using other types of modalities."

Teaching and certifying the health care practitioners over three days of training included a classroom phase, and small groups for hands-on courses conducted in clinical spaces throughout the medical center.

The courses included Acute Pain Skills, Acupuncture, Behavioral Health Modalities for Pain, Pain Medication Pharmacology, Ultrasound Guided Chronic Pain Skills, Orthopedic Manipulation/Massage Therapy, Mind/Body Modalities, and Chronic Pain Cooled Radiofrequency Lesioning. They were also invited to attend yoga and chi-gong sessions to learn how they can be beneficial to patients in pain.

Each course began with a pain medicine physician demonstrating specific techniques on simulated patients portrayed by actors, with about a dozen health care providers watching the demonstration. The providers then practiced the technique under the supervision of the pain medicine physician.

"We are showing them structures they need to know about – the thyroid, the esophagus, the vasculature, including the carotid artery and the internal jugular vein, and nerve roots are the major

— See PAIN, next page

**PAIN** — *Continued from previous page*  
components, in addition to muscle planes and facial planes," said Capt. Ivan Lesnik, a pain medicine physician at Naval Medical Center San Diego, who demonstrated using an ultrasound of the neck to treat upper extremity or head or neck pain. "It is a commonly done block that is now being done under fluoroscopy X-ray and, in some settings, being done blindly."

By using the ultrasound, the practitioner can actually see the nerves and inject local anesthetic medication directly to the affected area to help alleviate the symptoms.

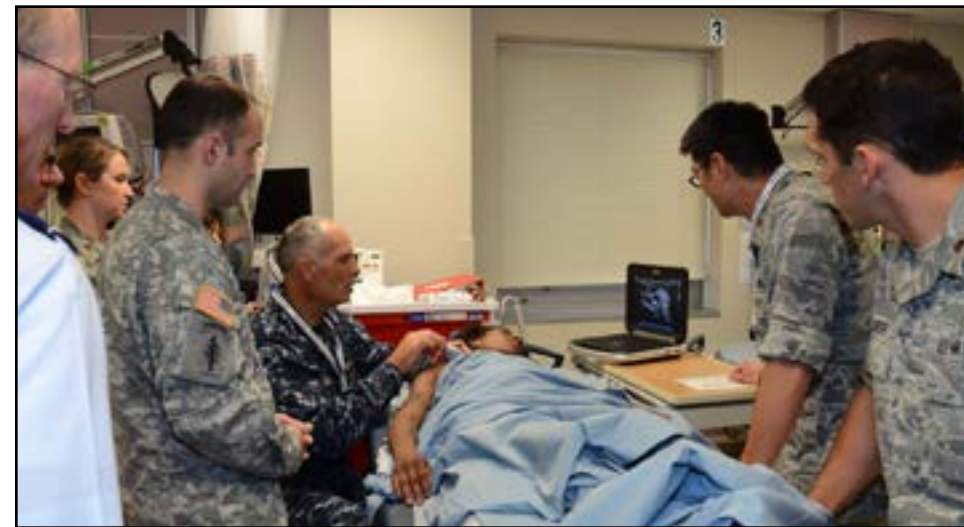
While looking for more holistic ways

to relieve pain, health care providers are also taking a closer look at the connection between pain and other diagnoses, such as post-traumatic stress disorder and depression.

"In the past, we have treated one of those without working together to treat all (diagnoses) at the same time, and we've been less successful," said Army Lt. Col. Scott Griffith, the Army's specialty leader for anesthesia and pain medicine. "That's why we have changed our approach, and we have brought more people into the equation of trying to solve this. Primary care providers, subspecialists, allied health professionals like physical therapists, occupational thera-

pists, pharmacists, and a variety of other folks who work together with us in teams to give us the best chance of solving what in some cases is a very difficult problem.

"It's very exciting," Griffith added. "I've been around pain management for about a decade, so to see that evolution and the focus the military has placed on it over that decade is very exciting. I think that, in many aspects, we are still on the front end of this. There are a lot of advancements and improvements that we are still going to realize as we keep applying our abilities across the services and across the specialties to come up with the best solutions."



**Capt. Ivan Lesnik, a pain medicine physician from NMC San Diego, identifies structures in the neck, including the thyroid, esophagus and nerve roots, using ultrasound. After his demonstration, Lesnik assisted the other practitioners with finding the same structures.**

## Environmental Services and Housekeeping Week

Rear Adm. Elaine C. Wagner, Naval Medical Center Portsmouth commander, took a moment on Sept. 11 to meet with NMCP's housekeeping staff to thank them for the work they do to keep the medical center clean.

"We honor all the men and women of environmental services who spend countless hours leading teams, preventing infection, maintaining buildings, lending a helping hand and working tirelessly to ensure that our health care facilities are among the best in the world," Wagner said. "Quality, Safety, Excellence and Satisfaction: simple words with great meaning. As commander of Naval Medical Center Portsmouth, and as a health care consumer, myself, I depend on the critical yet unsung role environmental services plays in the continuum of care."



Photo by Rebecca A. Perron



## NMCP Hosts Suicide Prevention and Awareness Campaign

STORY AND PHOTOS  
BY MC2 (SW) ANNA ARNDT  
NMCP Public Affairs

Naval Medical Center Portsmouth hosted a Suicide Prevention and Awareness Campaign contest Sept. 19. Twelve groups from the hospital, USNS Comfort, the Navy-Marine Corps Relief Society and the Marine Corp Security Cooperation Group provided information to staff and patients about how to recognize the warning signs of suicide and how to offer help and support.

The displays were judged by CMDCM (SW/AW/FMF) Michael James; Cmdr. Tim Richardson, NMCP acting deputy commander; and Lt. Cmdr. Marion Collins, suicide prevention coordinator. Radiology took third place with "All Hands on Deck for Suicide Prevention," the Coalition of Sailors Against Destructive Decisions took second place with "Bystander Intervention," and the Substance Abuse Rehab Program came in first place with "Suicide Among Veterans."

The Navy's theme this year is "Thrive in Your Community." Sailors are encouraged to come together to work on a

project that benefits others.

"The importance of this campaign is to drive home the importance of training and education," said Collins. "With our Navy training, ACT is very important: ask, care and treat. If we see a shipmate that may be having some depression or symptoms or who is very sad, you don't want to just ignore that; you want to ask what is going on and make sure they get to the appropriate resources."

Suicides in the military have risen steadily, hitting a record of 350 in 2012, double the number 10 years ago.

"There's still a lot of misconception about mental health," Collins added. "I know when we have Sailors come up on our ward, they are so concerned and worried about how they will be stigmatized when they return to their commands. We



**CMDCM (SW/AW/FMF) Michael James signs the pledge to be positive and help prevent suicide during NMCP's Suicide Prevention and Awareness Campaign Sept. 19.**

really try to normalize it and show this is an issue for many people, not just the military. Percentages are higher among military members, but it's an issue for many people. We don't want people to feel that they'll be singled out or labeled for seeking help."

Deployments and combat can exacerbate depression, and some return from deployment with Post-Traumatic Stress Disorder and Traumatic Brain Injury. However, statistics show that fewer than half of the service members who have committed suicide have deployed to Iraq or Afghanistan, and only about 20 percent have been in combat.

"The diagnostic category is transient," said Cmdr. James Pittman, deputy command chaplain. "That means if we support the person, they're going to live through it if we know that it's going on. So I think it's one category of casualty that we can prevent if we know there's a problem."

There are many factors that contribute to suicide: finances, relationship problems, substance abuse and stress. People considering suicide often mention it to someone. It is important to listen and help the person, or help the person get

— See SUICIDE, next page



**HM2 (FMF) Korrin Webb talks about bystander intervention and how to help someone who may be contemplating suicide. The CSADD table won second place among the 12 displays.**



**Staff from the Marine Corp Security Cooperation Group set up a table about operational stress and suicide for the Suicide Prevention and Awareness Campaign Sept. 19.**

**SUICIDE** — Continued from previous page  
help.

"Everyone is a first responder – You're going to have more contact with the people in your work center than mental health providers or chaplains or primary care physicians do," said Pittman.

"There are a limited number of professionals who deal with people in distress, but the person who works next to you is the person who knows better what's going on with the individual," Pittman added. "We should do mental health first aid and first responder kind of approaches so when we see someone in distress, we get help for them. We care about what's going on with



**HA Sara Fontaine-Brooks staffs the table with a pledge to be positive and help prevent suicide during NMCP's Suicide Prevention and Awareness Campaign Sept. 19. During the campaign, dozens of staff, patients and visitors stopped by the table to sign the pledge.**

them and give the support they need."

A 2012 Veterans Affairs study shows the number of suicides among veterans is around 22 deaths per day. Each suicide leaves behind grief-stricken family members and friends. It also has a negative effect on the Navy's mission.

"Suicide is the ultimate victim kind of act, where the individual perceives that no one is going to be able to help them and they cannot help themselves. It's a permanent solution to a temporary problem," said Collins.

## OFFICER OF THE QUARTER

**The Officers of the Quarter for the second quarter receive their certificates and plaques during an Aug. 27 ceremony.**

**Front row, from left: Cmdr. Roderick Borgie, Senior Medical Corps; Lt. j.g. Amanda Kennovin, Junior Nurse Corps; Lt. Daniel Ruane, Medical Corps in Training; Cmdr. Jose Pedroza, Senior Dental Corps. Back row, from left: Lt. Cmdr. Keith Dobbins, Senior Nurse Corps; Lt. Cmdr. Matt Beery, Senior Medical Corps; Lt. Shawn Morris, Junior Medical Service Corps; Lt. Cmdr. Jeffery Domark, Junior Dental Corps. Not pictured: Lt. Cmdr. Matthew Lawrence, Junior Medical Corps.**



Photo by MC2 (SW) Anna Arndt



# NMCP Commemorates Sept. 11 with a Remembrance Run

PHOTOS BY MC2 (SW) ANNA ARNDT  
NMCP Public Affairs

Several hundred NMCP staff members commemorated the anniversary of the Sept. 11 terrorist attacks with a Remembrance Run at dawn. The purpose of the run is to pay respect to the victims and honor those whose lives were lost on Sept. 11, 2001. During a moment of silence, Lt. Cmdr. James Corbett played “Amazing Grace” on bagpipes. Rear Adm. Elaine Wagner, NMCP commander, spoke to the group and Command Fitness helped participants get warmed up before the 1.6-mile run around the base.



Lt. Cmdr. James Corbett played “Amazing Grace” on bagpipes before the Remembrance Run.



The group prepares for the run with some push-ups.



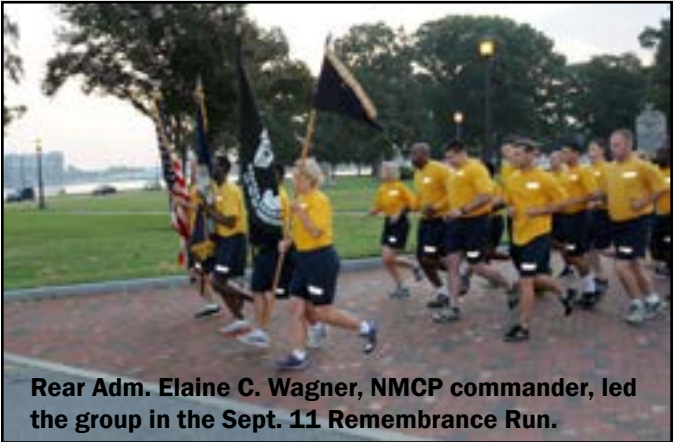
NMCP staff prepare for the Sept. 11 Remembrance Run at dawn.



The group halfway through the Remembrance Run, overlooking the Elizabeth River and downtown Norfolk as a backdrop.



Staff return to the front of Bldg. 1 after running to the helo pad and back.



Rear Adm. Elaine C. Wagner, NMCP commander, led the group in the Sept. 11 Remembrance Run.



CMDM (SW/AW/FMF) Michael James leads the group in the Sailors’ Creed following the Remembrance Run.



Runners get a drink and some fruit after the run, which the galley provided.



## REACH Program Receives Semiannual Review

STORY AND PHOTO BY REBECCA A. PERRON  
NMCP Public Affairs

The program director for Navy Medicine's Reintegrate, Educate and Advance Combatants in Healthcare Program visited Naval Medical Center Portsmouth Aug. 29 to meet with participants to learn about program successes and what could be improved.

The REACH program is one of Navy Medicine's initiatives to recruit and employ wounded warriors into civil service medical positions. The program is for Sailors who are expected to receive a 30 percent or greater disability rating after going through the medical board process and who are committed to pursuing a career in health care.

Participants typically begin pursuing a certificate or a degree in one of nine health care fields as they enter the REACH pipeline, with an opportunity for federal employment when they complete the educational and certification requirements. Within the nine job series, there are more than 100 parentheticals, which can be customized to the availability of training and job placement at each facility.



**Stephen Peyton, REACH program director, and Lt. j.g. Jennifer Nestor, NMCP REACH Program alternate coordinator, present EM1 (SW/AW) Melissa Bolyard with her acceptance letter into the program, along with her mentor, Lt. Cmdr. Daniel D'Aurora, Emergency Medicine Department assistant department head.**

Stephen Peyton, the program director, travels two to three times a year to each of the five sites across the country that has the program. He speaks with command leadership, ensures the program is running smoothly and looks for improvements. Meeting with the students currently in the program and their mentors is how he solicits feedback.

"What I'm hearing today is that the program is running well here," Peyton said. "This program exists to give these opportunities to people who have the drive and desire to get into the health care field. The expectation is that a lot more students are coming into the program at the beginning of fiscal year 2014.

"We are looking to have some of these students be part-time

employees here," Peyton added. "We'll add three to our part-time roles at NMCP, which is very exciting. They will basically get to preview the job. But we want to help them pursue a career, not just a job."

While the numbers may not sound impressive, this program concentrates on quality verses quantity. The program recruits those who are at least 90 days away from medical retirement and helps them get set up with the formal education side. While still on active duty, they spend about five to 15 hours work per week in the department of their prospective employment to gain on-the-job experience through experiential learning. After leaving active status, some may be hired as a part-time employee, but all will have the opportunity to continue the experiential learning.

Veronica Nunez has completed the academic requirements and certifications and is eligible for hiring. Nunez is a certified psychiatric technician and is also close to completing a bachelor's degree in psychology.

"I joined the Navy to help people," said Nunez, who was a machinist mate. "I got some sense of that as an engineer, but not fully. After I knew this is what I wanted to do, I was eager to learn more about the field. I was able to complete this program because I really wanted it."

While Nunez is at the end of the REACH program, Electricians Mate 1st Class (SW/AW) Melissa Bolyard just entered the program. Bolyard had planned to become a nurse when she retired at 20 years. But with a Bachelor of Science in Applied Science and Technology degree in Nuclear Engineering Technology in hand, she was selected to become a surface warfare officer. While she was in Officer Candidate School, she required surgery. Becoming an officer was put on hold.

Now, with a pending medical retirement, she began pursuing a nursing degree in early August, planning to become a nurse anesthetist. She also began shadowing staff in the ER.

"I think this is a great program," Bolyard said. "My first week shadowing, I knew I wanted this more than anything. I've had such a great experience in the ER that I can't wait to do this full time."

"We have a huge population of wounded warriors who could benefit from a program like this," said Lt. Cmdr. Daniel D'Aurora, Emergency Medicine Department assistant department head and Bolyard's mentor. "This is an excellent opportunity for the military to grow one of our own nurses. When she graduates, she'll already have two years of experience. What better candidate to work in our emergency department."

Bolyard will complete her nursing degree in December 2015 and will be matched up with a position in NMCP's ER.

In addition to NMCP, the program is also offered at Walter Reed National Military Medical Center in Bethesda, Md., Naval Medical Center San Diego, and the naval hospitals at Camp Lejeune and Camp Pendleton. The REACH program plans to expand to other Navy treatment facilities, but must first ensure career coaches are in place and the command can support the program.

## Staff Prepared for Flu Season

PHOTO BY REBECCA A. PERRON  
NMCP Public Affairs

**Rear Adm. Elaine C. Wagner is ready for the 2013 - 2014 influenza season. She recently got her flu vaccine, and the rest of NMCP's staff got theirs, too. Flu vaccines are available for TRICARE beneficiaries. For more information, contact the NMCP Immunization Clinic at 953-2207.**



## NMCP Starts 2013 CFC Season with 2012 Award

PHOTOS BY MC1 (SW/AW) STEVEN J. WEBER  
NMCP Public Affairs

The 2013 Combined Federal Campaign season kicked off a little early this year at NMCP – the celebratory cake was cut Aug. 29 and the donation tracking thermometer was hung at the main gate this week. The goal of the 2013 campaign is \$130,000. The annual campaign officially runs from Sept. 1 to Dec. 15, and in the coming weeks, command key persons will begin reaching out to staff.

During the kickoff, Rear Adm. Elaine Wagner, NMCP commander, accepted a "Goal Buster" certificate for NMCP

exceeding the goal during the 2012 campaign, and then spoke about the importance of donations. CFC lead coordinator Lt. Jason Leidel reminded staff about how easy it is to make donations online at [www.cfcshr.org](http://www.cfcshr.org).

The regional division of commands into subareas has been changed this year, with all of the branch health clinics in Hampton Roads falling under NMCP. The realignment makes fundraising more efficient and improves the chance of meeting the fundraising goal. Upcoming command CFC fundraisers are planned.



**Kenyetta Fauntleroy, associate director, Combined Federal Campaign of South Hampton Roads, presents Rear Adm. Elaine C. Wagner, NMCP commander, with a "Goal Buster" certificate for NMCP surpassing the 2012 campaign's goal of \$175,000.**



**NMCP kicked off the 2013 CFC season with a cake cutting. Rear Adm. Elaine C. Wagner, NMCP commander, Lt. Jason Leidel, CFC lead coordinator, right, and assistants FCC Steven Daggett and HMC Monica Ford cut the cake.**



# 28th Class of Pastoral Care Residents Graduate

STORY AND PHOTO BY MC1 (SW/AW) STEVEN J. WEBER  
NMCP Public Affairs

Naval Medical Center Portsmouth and the Hampton Veterans Affairs Medical Center graduated the seven members of the 2013 class of the Pastoral Care Residency Program Sept. 27.

The Navy Chaplain Corps and Navy Medicine sponsor the yearlong residency, a joint program between the Navy and the Department of Veterans Affairs. It prepares chaplains for the reality of a wartime environment and traumatic, non-combat events where they may provide support to wounded, dying, and medical rescue and recovery personnel who care for them.

Participants receive intensive pastoral training in a peacetime environment that approximates the trauma, crises and stress found in combat and traumatic event. The 28th class included four chaplains from the Navy, one from the Army Reserve, one from the Canadian Forces and one civilian.

Not only is the training beneficial to the chaplains, but also their intensive study has prepared them to help patients and families at NMCP navigate and deal with a range of medical issues.

By the end of the program, each chaplain spent more than 400 hours training in a group and in supervised individual instruction. They spent more than 1,200 hours in clinical practice, ministering to those in need. They were responsible for 56 detailed assignments of their clinical work, 56 weekly reading reflection statements and a major research project.

Michael Pollitt, director, National Chaplains Service, Department of Veterans Affairs, was the guest speaker at graduation.

"It is a great transition from being a clergy person to being a hospital clinical chaplain," Pollitt said. "They now have the ability to look at something not only theologically, but clinically."

"It is a very important element to the whole picture of what the patient is presenting...body, mind and spirit," he continued. "It

is not just words, it is what is happening spiritually to the patient. These graduates now have that tool. I applaud the Navy for training their chaplains this way."

The chaplains are now eligible to apply for board certification in the Association of Professional Chaplains, a professional organization that certifies chaplains for ministries in institutional settings.

"I know the calling the Lord has on my life, and I have always loved veterans," said Maj. Thomas J. Lesh, U.S. Army Reserve. "The Clinical Pastoral Care Program gave the opportunity to keep reaching out to veterans and I feel my active duty experience helps me understand veterans better, young and old."

Lesh said he'd pressured himself academically and personally to get the most out of the program.

"I put in some late nights. I loved what I did and did not reign myself in like I should have."

Lesh's wife, Lora, said it required her husband to put in an extraordinary amount of time.

"It had him stretched pretty thin, but I was excited for him to be in the program. He was learning and growing. He would practice some of the things he was learning within the family and our relationship, and that was a good thing," she added.

Now that the chaplains have completed their residency program, they will serve at least two years at a hospital, medical school or spiritual fitness center.

**"It is a very important element to the whole picture of what the patient is presenting...body, mind and spirit. It is not just words, it is what is happening spiritually to the patient. These graduates now have that tool. I applaud the Navy for training their chaplains this way."**

— Michael Pollitt, director, National Chaplains Service, Department of Veterans Affairs



## Civilians of the Quarter

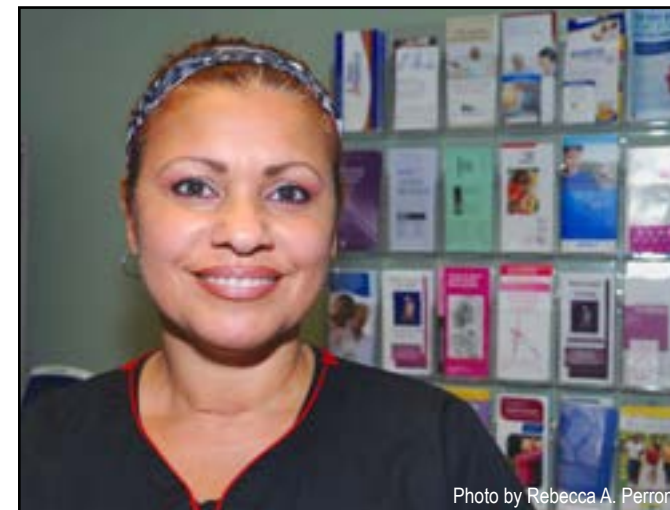


Photo by Rebecca A. Perron

### Elizabeth S. Benson Category I Clinical

As a medical assistant for the Family Medicine Department, she excels in managing providers' schedules to ensure the highest level of quality patient care. She has been directly responsible for decreasing no-shows from 10 to five percent in the past two months, as well as coordinating more than 145 patients to Relay Health, with a 43 percent acceptance rate.



### Alicia J. Ramey Category I Administrative

As directorate secretary, she scheduled and maintained 50 to 75 appointments for the director weekly and ensures more than 1,000 correspondence documents were tracked and edited to zero discrepancies, prior to submission to the Command Suite. She also coordinated and tracked 93 captain and commander fitness report submissions, ensuring compliance with due dates.



Photos by MC2 (SW) Anna Arndt

### Wendy E. Clement Category II Clinical

As the perioperative registered nurse for the Main Operating Room, she is responsible for clinical competency of fellow nurses and surgical technologists assigned to the Cardiothoracic Surgical Speciality Clinic. She meticulously manages \$3 million of equipment and \$475,000 of cardiovascular implements while ensuring uninterrupted services for more than 200 beneficiaries.



### Naomi Ramshur Category II Administrative

As Orthopedic Clinic manager, she managed 60 staff who provide care with more than 8,000 monthly encounters. As clinic strategic plan champion, she coordinated a team of 25 staff to meet the command goal of a 20 percent decrease in network costs. During this quarter, she decreased unused appointments by 44 percent, resulting in the potential revenue of more than \$460,000.





Photos by MC2 (SW) Anna Arndt

Civilian in the Spotlight

**Naomi Ramshur**  
**Hometown:** Jacksonville, Fla.  
**Years of service as a civilian:** Two years (four at NMCP)  
**Job:** Orthopedic clinic manager  
**What do you like most about your job?** The people I work with and knowing that my actions do make a difference.  
**What do you do in your off-duty time/hobbies?** Spend as much time as possible with my husband and 18-month-old baby.  
**Favorite movie:** Dirty Dancing  
**Favorite food:** Anything chocolate!  
**Why is she nominated as Civilian in the Spotlight?** She exemplifies the role of clinic manager. She is the consummate professional, highly dedicated to putting the patient at the center of care. In addition to her day-to-day performance, her efforts as the team leader for the command's new process improvement initiatives earned the Orthopedic Clinic the first ever Wildly Important Goal Summit Championship. Under her leadership, the Orthopedic Clinic decreased the unused appointment rate by 13 percent. She was recognized as Civilian of the Quarter, 2nd quarter of fiscal year 2013.

Sailor in the Spotlight

**HN Jennifer D. Lewis**  
**Hometown:** San Diego  
**Years of naval service:** 1 ½ years (11 months at NMCP)  
**Job:** Women's Health Clinic supply petty officer and command Sexual Assault Forensic Examination assistant  
**What do you like most about your job?** Interacting with patients.  
**What do you do in your off-duty time/hobbies?** Hanging out with my husband and my dog, going to the gym and cooking.  
**Favorite movie:** Independence Day  
**Favorite food:** Boneless chicken and cheese gyoza  
**Anything else interesting about yourself that you would like to tell us?** I love to volunteer helping kids at Heaven's, a local church in Hampton, helping children with homework during school season.  
**Why is she nominated as Sailor in the Spotlight?** "HN Lewis consistently displays strong work ethic in every area of the clinic assigned," said Chief Hospital Corpsman Monica Ford. "She is highly organized, versatile and motivated. She recently took over the collateral duty of supply petty officer and recovered \$72,000 in missing equipment. Although she has only been in the Navy less than a year, she demonstrates great potential as future leader, which resulted in her selection as one of the five team leaders for the clinic's No-Show's Wildly Important Goal as part of the command strategic planning."



SEPTEMBER AWARDS

- MERITORIOUS SERVICE MEDAL**  
Capt. Nadjemeh Hariri

**NAVY & MARINE CORPS COMMENDATION MEDAL**  
Lt. Shalanda D. Stephens  
RP2 Ross Bohensky

**NAVY & MARINE CORPS ACHIEVEMENT MEDAL**  
Lt. j.g. Jennifer L. Nestor  
QM1 Dyana Curtis  
HM1 Mark Demasi  
HM1 Kathryn Young  
HM2 John Kippes  
HM3 Gerald Hockensmith  
HN Christian Melendez  
HN Kenneth J. Simmons
- NAVY MERITORIOUS CIVILIAN SERVICE AWARD**  
Linda Diane Banks-Green  
Stephanie Lloyd  
Sharon Mason  
Patricia Smith  
Ryan R. Union

**COMMAND PILLAR AWARD**  
Marie Dillard  
HN Cory Elyasevich  
Carman Goben  
HN Rodney Graham  
Cynthia Jones  
Lt. Laura Letchworth  
HN Shane Moriarty

Galley Lets Coffee Lovers Decide on Best Brew

PHOTOS BY MC2 (SW) ANNA ARNDT  
NMCP Public Affairs

Naval Medical Center Portsmouth's galley held a coffee taste test Sept. 4 to give customers a chance to vote on the coffee they want to be served in the galley. The test included three brands: Caribou Coffee, Starbucks, and Seattle's Best Coffee. Thirty-one people took the taste test and Seattle's Best was the winner with 16 votes.



Gene Kim, Paula Poe and Shannon Caldwell, Materials Management staff, try the three brands of coffee during the taste test.



CS1 (SW) Gaylord Brown, the galley's cargo supervisor, prepares coffee for the taste test.



Below: Paula Poe, from Materials Management Contracting Division, tries out the coffee during the taste test.



# SHIPMATE OF THE MONTH



Photo by MC2 (SW) Anna Arndt

HM2 SABRINA CAMP, DCSS  
ET2 KENNY RUGG, DQM  
FC3 RYAN FRIDMANIS, DFA  
ABH3 KATIE WHEELER, DPC  
HN TREAVON COLEMAN, DNS

HN DAVID DACOSTA, DSS  
HN CONOR DEERING, DMS  
HN KYLE PRITCHETT, DMH  
HN MICHAEL TRAN, DPE  
HN SAMUEL WALKER, DPHS

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## SEPTEMBER MENTOR OF THE MONTH

As the leading petty officer of Cardiology, Dermatology, Pulmonary, Respiratory Therapy and Sleep Lab, Hospital Corpsman First Class (SW/AW) Stephanie Gibbs, supervise 63 Sailors and helps them make the right choices for their careers.

She is also the Directorate for Medical Services career counselor, directorate Drug and Alcohol Program advisor, and command financial specialist. She also writes evaluations and maintains division officer files.

Gibbs reported to NMCP on June 1, 2011, after completing her tour on USS George H. W. Bush. She mentors her junior Sailors and informs them of all the upcoming fairs and briefings that the Mentorship Committee holds. She strongly encourages her Sailors to participate in command events. She currently

mentors five people.

"I never had a mentor when I was a young Sailor, and I know that I needed guidance back then," Gibbs said. "I want to be there for my Sailors now who need the help."



Photo by MC2 (SW) Anna Arndt

Gibbs believes mentoring is important.

"It helps the Sailors to find the resources and the right paths for them in their own careers and lets them know that someone actually cares for them."

Gibbs pointed out that you both learn things about each other and find out about different scenarios that will be useful in the future when you mentor other Sailors.

"Be open and honest with your mentees. They will thank you someday," Gibbs added.

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*Would you like to become a mentor or find a mentor? Check out the Mentor Program on the Intranet to find valuable information about mentoring at NMCP. Go to the directory website map and look under "M" to learn more and join the Mentor Program today. Everyone is welcome.*